Deposition Of:
Colin Storz, PA

April 26, 2017

Russell Pitkin and Mary Pitkin
vs.
Corizon Health, Inc.; et al.

Case No.: 3:16-cv-02235-AA

for Ms. Pitkin.

Q. Is that, traditionally, part of the chart?

A. Typically, yes.

Q. In flipping through the chart, do you see it located in the chart anywhere? Do you see it at the end, there, perhaps?

A. It looks -- that looks like it. It's cut off, but.

Q. How is that to be used?

A. This --

Q. Yes.

A. So the medications are -- well, the point of a MAR is to show what orders have been placed in a patient's chart, so that a nurse passing medications can know which medication and which dose to provide to the patient at what time.

Q. Can you tell me about your education, training and experience?

A. I'm a physician assistant. I was trained at -- for my Master's degree, at a place called South College, in Tennessee, Knoxville. My undergrad is in sociology, through the University of Oregon. And I'm a physician assistant. I'm licensed to practice medicine in the state of Oregon.

Q. All right. And what is a physician

assistant?

A. It's someone who, under the purview of a doctor's license, can practice. What that means, I guess, in brief, is that I can prescribe medications, diagnosis, treat illnesses, order labs, perform certain procedures.

Q. And what does it mean to be under the purview of a doctor's license?

A. A physician assistant is a unique form of medical licensure to practice medicine, whereby I have to -- in order to practice medicine, I have to be under the license of a practicing physician.

Q. And what does that mean, "to be under the license"?

A. There's a specific physician and physician assistant practice agreement that's submitted to the board, that you can enter into, willingly, with a physician, and then they are, sort of, over you, to provide some oversight, while you practice medicine.

Q. And how does that -- how is that licensure terminated? Under which circumstances would you no longer be under a doctor's license to practice medicine?

A. Well, if the two parties, there, in the practice agreement decide to cancel it. Typically, if

someone moves on to a different job, or leaves the job, or if, I guess, one person no longer practiced medicine.

Q. So if the physician's position at the job is terminated, you are no longer under his license; correct?

A. That is correct.

Q. If a physician is transferred from the job site, no longer working there, you are no longer under their license; correct?

A. That's not necessarily true. So if a physician works at the site, but also works at other sites, it's still possible for them to satisfy the practice agreement, and I can still practice medicine. There's a lot of specifics to it.

Q. Sure. But in terms of the licensure agreement, isn't it accurate that the State of Oregon wants you to be able to be specifically supervised by that physician, while operating under their license?

A. Correct.

Q. If they are no longer working at a job site and have no intention of returning to that job site, isn't it accurate that you are no longer working under their licensure?

A. That is correct.

Q. And it's illegal to do so; correct?

A. Correct.

Q. Who was your -- who was the physician that you were licensed under, on April 24th, 2014?

A. No one -- or -- 24th -- so that was --

Q. The date that Ms. Pitkin died.

A. That was no one.

Q. Were you working at the facility that day?

A. I was.

Q. And you were working without a licensed physician; correct?

A. Well, so, in terms of working, I mean, I was still a contracted employee, so I showed up to my place of employment, but I wasn't able to practice medicine.

Q. Did you notify anyone -- first of all, how were you notified that the physician under whose -- whom -- if I can speak today -- the physician, under whom's license you were practicing, was no longer at the facility?

A. On the evening -- it was that Wednesday evening. So that was the 23rd?

Q. 23rd.

A. I was called, at home, that night, and I was informed of the doctor's termination of employment.

Q. What were you told about the termination?

A. Not much. I was told that he wasn't -- Dr. McCarthy was laid off, fired. I don't know. And then he -- just, sort of, as a, "Here, this is the information for you."

Q. And were you aware of any problems with Dr. McCarthy, beforehand?

A. No, not really. I mean, you have to understand, I was only working there for a month.

Q. Sure. We'll get into that. But in terms of -- was it a surprise to you that you got a phone call that Dr. McCarthy had been fired?

A. Yeah, I would say so.

Q. Did you have any conversations with Dr. McCarthy about operating under his license, or was that arranged through Corizon?

A. I had a conversation with him.

Q. Tell me about that.

A. So when a practice agreement is made, I sat down with him, and we -- it's an online form, and you just fill it out, and there's some checkboxes about, you know, how many charts he'll review per month, what procedures he's comfortable with me doing, that kind of thing. So in that sense, I discussed how I would be practicing at the jail, under his -- having a

practice agreement with him.

Q. Can you tell me, generally, about that practice agreement?

A. Yeah. So, in really general terms, I guess what it means is that I'm able to do what they hired me to do. Which is to say, I can see a patient, I can diagnosis an illness, I can treat that illness.

Q. What are the limitations of your treatment?

A. Well, there are certain procedures that I'm either allowed to or not allowed to do, based on the practice agreement. So, like, there's some oddball stuff, like, ultrasound joint therapy, for example, could be one of the things listed in the practice agreement. I don't believe I had been checked off to be able do that. I can't remember a whole list of everything, but that's, kind of, to give you an idea. There's so many different procedures that can be done. And some of them, if Dr. McCarthy isn't comfortable with me doing them -- or at that site, he would be, like, "No, you shouldn't be doing that here."

Q. As I understand it, there was no infirmary at Washington County jail.

A. Define "infirmary."

Q. Is it a term you are familiar with, as it relates to your job at Corizon, a jail with an

infirmary, as opposed to one without an infirmary?

A. It did not have what would typically be considered an infirmary.

Q. So describe the difference between an infirmary and what was present at Washington County.

A. Well, I guess, an infirmary would be a place where there are a series of hospital beds, monitoring devices, certain level of staffing per patient, I suppose. And the jail has -- we have what's called the Medical Observation Unit, or MOU. And it's an area of the jail where people are observed every 15 minutes, by a rounding deputy. But that, you know -- that's the extent of it, I suppose.

Q. And do we know if the rounding deputy has any medical training?

A. Not necessarily.

Q. And I take it, the rounding deputy would do nothing more than walk by and look through a window?

A. I don't know if that's true. I think that, oftentimes, a deputy will ensure the patient is -- the person/inmate/patient -- however you want to say it -- is breathing, or cogent, or not hurting themselves, or, you know, nothing glaringly wrong with them.

Q. Let's talk about that. There's a requirement

Q. When we speak to the deputies, they are going to be telling us, to your knowledge, that they look at the patient patients in the MOU every 15 minutes?

A. Yes.

Q. How are they going to describe they do that, do you think?

MR. HANSEN: I going to object. How can he know what they are going to say --

MR. COLETTI: Are you objecting to form, Dick?

MR. HANSEN: I am, generally, objecting to the form, yes.

BY MR. COLETTI:

Q. Based on your understanding of how things work, how do they do it? What do they do to check on your patients?

A. Well, my understanding is that they will look at the patient, or inmate, and establish, like I said before, if there's something glaringly wrong with them, oftentimes, make sure that they are breathing or awake, not engaging in self harm.

Q. When you say, "look at the patient," will they actually go -- as I understand, the MOUs, they are still cells; correct?

A. Correct.

licensed on the 24th, because your doctor wasn't working there anymore; correct?

A. Correct.

Q. You were the person that rendered care to her while she was on the floor and you rendered CPR, did you not?

A. I did.

Q. You were the person that was closest to being licensed at Corizon, on the date of her death; correct?

A. Closest to being licensed --

Q. Meaning, there was no licensed physician for you to work under; correct?

A. Correct.

Q. And you, likely, had the most authority, as a medical personnel, in terms of treatment and care, at the facility, on the date of her death; correct?

A. Not without an active license.

Q. Could you do anything?

A. Well, so I am BLS trained, which is basic life support. So that's, like, a certification you get, on the weekend, at Red Cross. You know, I can administer BLS algorithm, CPR, that kind of thing.

Q. Sure. In the infirmary -- I guess you don't have an infirmary -- in the Medical Observation Unit,

what type of monitoring devices did you have, back in April of 2014?

A. "Monitoring devices," you mean equipment?

Q. Yes.

A. Well, we have -- we are able to take blood pressure, pulse, standard set of vitals.

Q. Were you able to administer IVs?

A. Yes.

Q. Where were the IV bags kept?

A. I don't recall, exactly, at the time.

Q. But you did have access to IVs, in April of 2014; correct?

A. Yes.

Q. And you could have administered an IV, had someone made -- either you or Dr. McCarthy, before his departure, made the decision that an IV was necessary for Ms. Pitkin, that could have been ordered; correct?

A. If it was deemed necessary to give an IV, then, yes, one could be administered.

Q. How about intermuscular injections?

A. Yes.

Q. How about rectal administration of medication?

A. Yes.

Q. What did you do, on April 23rd, after finding

out that you could no longer do your job as a physician assistant, until there was a licensed physician back?

A. Well, I don't normally work on Wednesdays, so I actually wasn't at work the day that he was fired or let go. So I was called late that evening, and I explained to my manager, at the time, that I couldn't practice, but that I'm still coming to work, because I was scheduled. I mean, if I don't come to work, I get an absence. So I came to work.

Q. What were you planning on doing at work, just basic life support?

A. Well, I mean, ironically, I told myself, "At least I'm there in case an emergency happens."

Q. It is ironic.

What days did you normally work?

A. Monday, Tuesday, Thursday, Friday.

Q. Did you have any discussion with Dr. McCarthy, on the 23rd of April, that Wednesday?

A. No.

Q. So you had no idea what was happening with Ms. Pitkin?

A. Other than that she could be an opiate withdrawal, no.

Q. But you didn't -- when you say -- did you

discuss her treatment, at all, or was that just because you dealt with her on the 18th?

A. With Dr. McCarthy?

Q. Yes.

A. No. It was simply because I signed an order on her.

Q. That was on the 18th; correct?

A. I want to say, yes.

Q. Page 16 of your chart.

A. The 18th, yes.

Q. Did you, at any time, examine Ms. Pitkin?

A. No.

Q. Did you, at any time, take her vitals?A. No.

Q. Did you issue any orders, in terms of how frequently her vitals should be taken?

A. No.

Q. Is there a spot for you to request vitals be taken on a consistent basis or regular basis?

A. Yes, there is.

Q. Where is that? Are we looking at Exhibit 16 --

MR. HANSEN: Page 16, Exhibit 1.

BY MR. COLETTI:

Q. Excuse me. Page 16, Exhibit 1.

A. There was a vitals q shift, times 7 days, but by the same person is placed on COWS protocol, so there is inherent vitals being taken with that.

Q. Wait a minute. So where are the vitals q shift, by seven days?

A. So if you take a look at -- well, it's No. 7, on this page 16.

Q. Is that the section that's not completed, at all?

A. That is the section that is -- no checked boxes, no.

Q. Is that a -- in looking at page 16 of Exhibit 1, is this a completed chart, in your opinion?

A. Well, I mean, I think that it shows what monitoring they want, in terms of they want the COWS protocol.

Q. Let's talk items 1 through 12. Are any of those completed?

A. No.

Q. Are those required to be completed?

A. I would assume, yes.

Q. Under 7, "vitals," who's responsible for determining how frequently vitals are conducted?

A. Well, technically, I suppose it's up to the protocol, or whoever signs off on the protocol.

Q. Did you sign off on the protocol?

A. Yes.

Q. Without seeing the patient; correct?

A. Correct.

Q. Outside -- have you ever practiced outside of a prison setting?

A. Yes.

Q. Are you required to perform a history, yourself, before prescribing medication?

A. Typically, yeah.

Q. Are you required to perform a physical, yourself, before prescribing medication?

A. Depends on, you know, case by case, you know, but sometimes can you prescribe based on history alone.

Q. But you at least have to take the history from the patient; right?

A. You typically would, yes.

Q. Is it a violation of the standard of care if you don't?

A. I don't know that.

Q. You don't know if you are committing malpractice if you prescribe medication without seeing or talking to a patient?

MR. HANSEN: Object to form.

MR. COLETTI: Go ahead.
THE WITNESS: I would say it's standard practice to see a patient and listen to history, before you prescribe a treatment plan.
BY MR. COLETTI:
Q. And that's standard care; correct?
A. Sure, yes.
Q. And violation of standard care is malpractice; correct?
A. I suppose.
Q. Do you have any understanding why, in a prison setting, you are able to do that, but you can't do it outside of prison?
A. Well, if I had to guess --
MR. HANSEN: We're not guessing here.
THE WITNESS: I'm not guessing.
BY MR. COLETTI:
Q. Did it ever -- did you have any objection to doing something you knew that, if you did in the public sector, would be malpractice?
A. Well, no. That seemed to be the way they did things.
Q. So it was okay with you?
A. Yes.
Q. Did you ever ask to be able to examine a

patient or, at least, obtain a history, prior to prescribing medication?

A. Did I -- in this case?

Q. At any time in the Corizon setting, did you ask to actually, physically, speak to a patient or examine a patient before prescribing medication?

A. Yes.

Q. Why did you do that?

A. To get an accurate history and determine what needed to be treated.

Q. Did you think it was important?

A. Yes.

Q. Did you think it was in the patient's best interest?

A. Yes.

Q. So you wanted to be thorough and accurate; correct?

A. Correct.

Q. Because you realized if you weren't, it could be dangerous; correct?

A. Correct.

Q. If we were to -- to your knowledge -- actually, let's go back.

You mentioned that with a COWS protocol, there's going to be -- did you say, a routine

Q. What does 40-over-U.A. mean to you?

A. Are you referring to a specific part in here?

Q. Well, you were looking at the 23rd, where they attempted to take vital signs. Are you looking at the actual --

MR. HANSEN: I think he's looking at page 17.

THE WITNESS: Let me read this.

BY MR. COLETTI:

Q. I can direct you to page 13, as well.

A. Okay. Apparently, the systolic was 40-over-unable, I would assume that's what the UA means.

Q. Is that good or bad?

A. That would be bad.

Q. That would be a medical emergency, wouldn't it?

A. Yes.

Q. Medical emergency necessitating immediate treatment; correct?

A. Yes.

Q. And not just ice cubes and Gatorade; correct?

A. I would think it would need a more proactive intervention.

Q. Like an emergency room; correct?

A. It's possible.

Q. Well, don't you think that would be the safest thing to do with a patient that you are unable to obtain a blood pressure from, to take them to an emergency room?

A. That's one avenue you could take.

Q. Wouldn't that be the preferable avenue?

A. Yes.

Q. You wouldn't stick them in the cell and not check their vitals again for 24 hours, would you?

A. I would not do that.

Q. Because you are potentially risking a patient's life; correct?

A. Could be.

Q. What is the purpose of the medication given in the withdrawal protocol?

A. To help with their symptoms during withdrawal.

Q. So you can't treat withdrawal, you can just treat the symptoms; correct?

A. Well, sure. Okay. Yes.

Q. Meaning, there's no pill that's going to fix withdrawal. It's just something their body has to go through, but in doing so, they vomit --

A. Correct.

Q. -- they have diarrhea?

morning.

Q. Given a history reflected in Exhibit 12 (sic) that the patient has provided, I think you already told me that patient needs to go to an emergency room; correct?

MR. HANSEN: Point of clarification, you said, "Exhibit 12" you are talking about page 12, in Exhibit 1.

BY MR. COLETTI:

Q. Page 12, Exhibit 1.

A. One more time. You are saying --

Q. I believe you've already testified that patient needs to go to an emergency room.

A. Based on the blood pressure alone?

Q. Well, blood pressure and history.

A. I'd say that would be one of the avenues of care you can proceed down.

Q. I believe you said the most preferable; correct?

A. Yes.

Q. If we're creating a, quote/unquote, culture of safety, then patient safety comes first; correct?

A. I would think that someone with a blood pressure of systolic 40-over-unable-to-find, would be someone sent to the emergency room, yes.

Q. Particularly, the history of vomiting and claiming to be near death themselves?

A. I would think so.

Q. Kind of a no-brainer, isn't it?

A. I would think it's a pretty slam dunk, you know.

Q. Sure. If that came up on a PA's test, you'd probably nail it every time, wouldn't you?

A. Sure, yeah.

Q. You came on shift on the 24th -- excuse me -- yeah -- the 24th, what time?

A. I think -- well, barring any unforeseen thing I'm not remembering about getting in traffic or something, I would usually show up around 8:00 o'clock.

Q. And when you got to work, I take it nobody told you that they were holding on to a patient with this kind of history, in a cell?

A. No, I was not told that.

Q. Nobody told you that they had only given -- continued to try to give the patient oral meds, when they clearly weren't working, already; correct?

A. I was not aware of that.

Q. That was something you would want to know

A. I don't remember anyone, specifically, saying, like, that. I think that there was a general feeling of, "This was a tragedy. This was really bad. We need to make sure this doesn't happen again." But I don't know that that was -- yeah, I mean, that was, really, kind of, the general feeling I got from the upper management.

Q. "Really bad," meaning really poor medical care?

A. I don't know. It's hard for me to get inside their head on that. I think that, you know, if I'm looking at a situation, where I don't really know a lot of what's going on with the chart; I don't really know a lot about this patient, leading up to this event; I'm at work the next day; I perform CPR on this person; there's a meeting; some people get fired; people are trying to ask, "What's going on?" I don't know what's going on. I think it's -- for me, my assumption, if you are asking that --

MR. HANSEN: No assumptions.

BY MR. COLETTI:

Q. Well, what did you believe? I mean, you were the person whose medical care she was under, from the 18th, the 19th, the 20th, the 21st, the 22nd, into the 23rd, while she was decompensating, the way we've just

discussed; right? And nobody told you anything about it; correct?

A. Correct.

Q. Were you angry?

A. Once I found out more details about what happened, yes, I was frustrated.

Q. And frustrated because it was preventible; correct?

A. Based on my knowledge, yes, it could have been prevented.

Q. Sure. An IV could have prevented it; correct?

A. It's un -- I don't know that I could say, for certain, that's all or a definitive treatment for it or not, you know.

Q. Certainly a good start; correct?

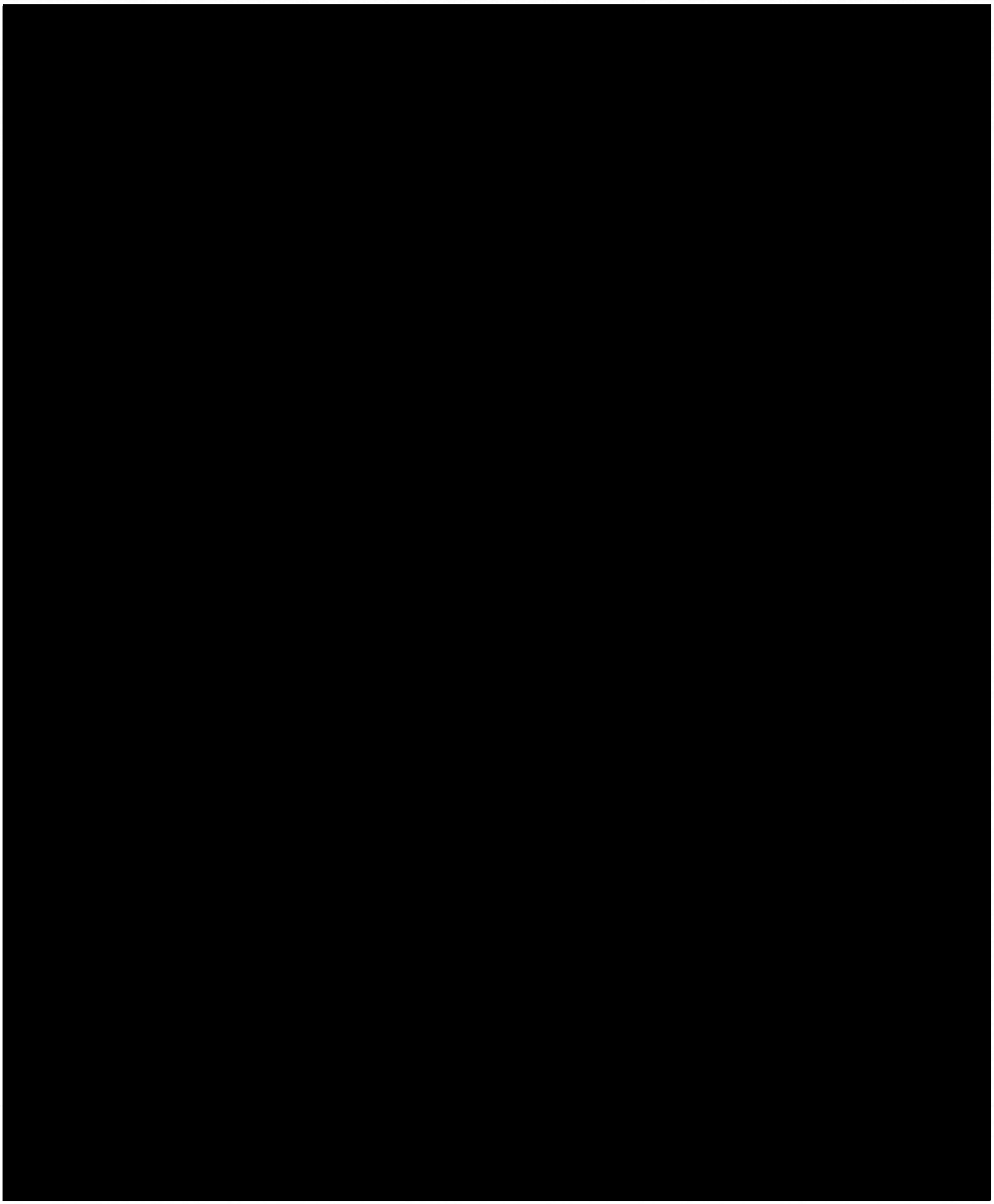
A. It definitely would have been one of the things I would have considered, yes.

Q. Sure. And once you were able to stabilize her hydration, you could work on nutrition -- you also -- you could give her nutrition through the IV; correct?

A. You can, yes.

Q. So there were a number of ways you could have provided nutrition and hydration, without dealing with

This document (March 14, 2014, Corizon employment offer to Colin Storz) is filed under seal as an attachment to the Supplemental Declaration of John Coletti.



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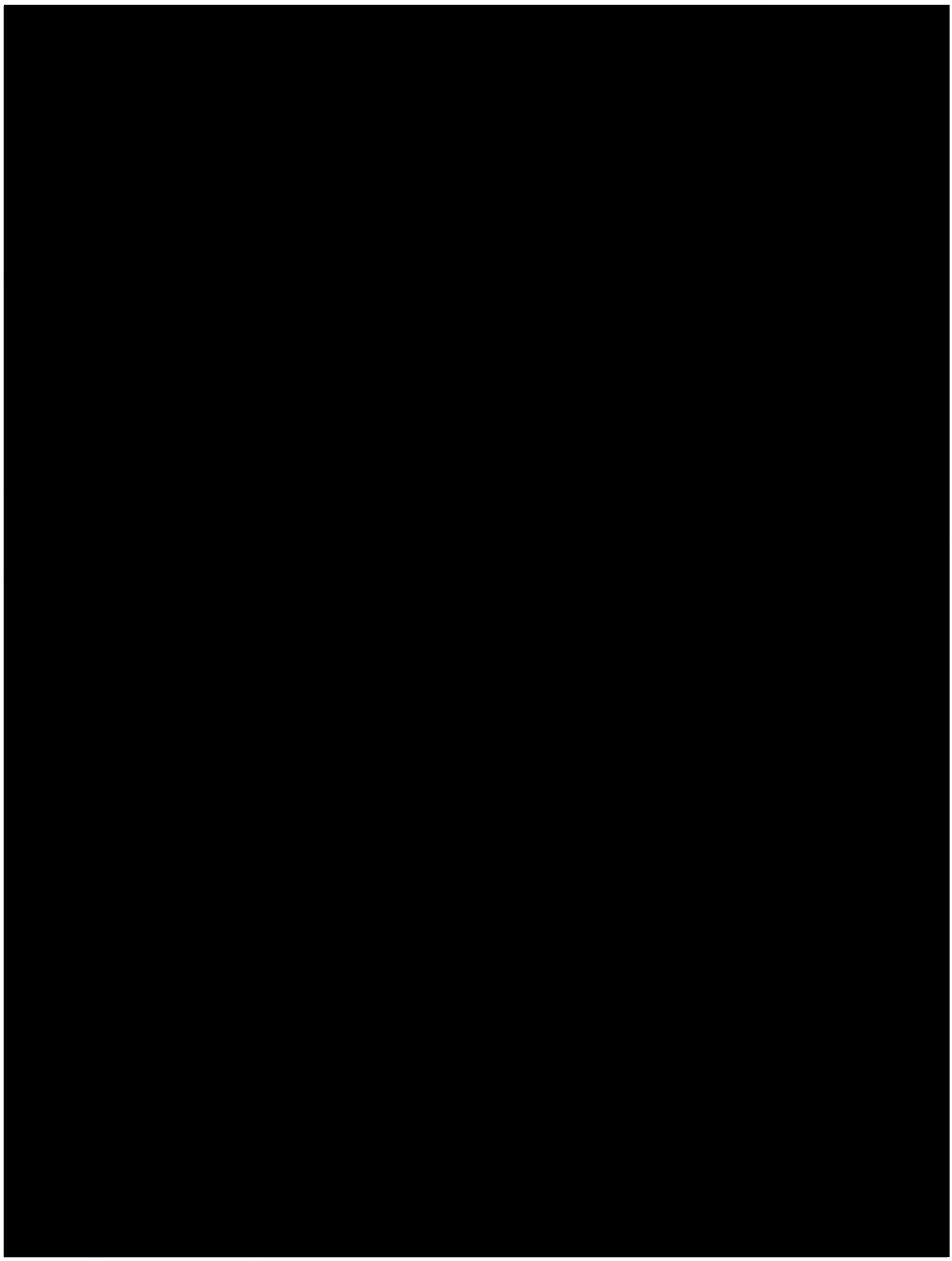


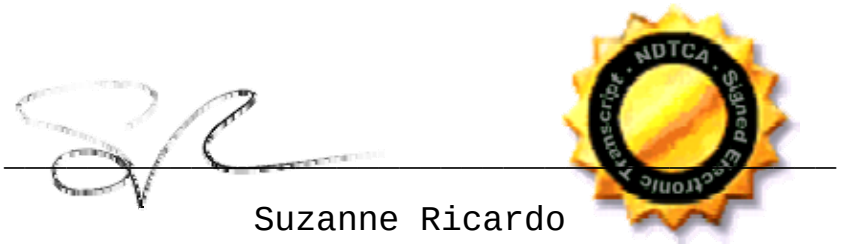
REPORTER'S CERTIFICATE

I, Suzanne Ricardo, a Certified Shorthand Reporter No. 13659, do hereby certify:

That the foregoing proceedings were taken before me at the time and place herein set forth; that any witnesses in the foregoing proceedings, prior to testifying, were placed under oath; that a verbatim record of the proceedings was made by me using machine shorthand which was thereafter transcribed under my direction; further, that the foregoing is an accurate transcription thereof.

I further certify that I am neither financially interested in the action nor a relative or employee of any attorney of any of the parties.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 30th day of April, 2017.



Suzanne Ricardo

CSR No. 13659